AMPLIAN		, R	egistration District No	72 Prin	nary Registration Di	istrict No.301	2Registrar's No.	.33	STAT	TE FILE NUA	WBER	
AMEN	DED	l =	Registration District No. 72 Primary Registration District No. 30/3 Registrar's No. 33 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bef									
<u>e</u>	111	,	a. COUNTY	Clav			a. STATE	souri b. co			admission)	
AMENDED		-	b. CITY (If outside cor OR	rporate limits, give TOWN	ISHIP only) L	ength of stay in 1b	c. CITY OR	<u> </u>			Inside Limi	its
		 _	Nort	h Kansas City		8 Days	TOWN Ka	nsas City	North		YesXX No	
ATE A			HOSPITAL OF	NOT in hospital, give loca th Kansas Cit		Inside Limits Yes ☑ No ☐	d. STREET ADDRESS		cutside, give loca Cleveland		Reside on F	
	┽┤╽		3. NAME OF DECEASED			ddie	Last	4. DATE	Month	Day	Year	
		l `	(Type or print)	Retta	Anr		Cain	OF DEATH	Feb.	19,	196	
			s. sex 'emale	6. COLOR OR RACE	7. Married Widowed	Never Married Divorced	8. DATE OF BIRTH	٠.,	irthday) IF UND Months		IF UNDER 2	24 H Min.
		1	Da. USUAL OCCUPATION	White (Give kind of work done	l	SINESS OR INDUSTRY	12-23-96 Y 11. BIRTHPLACE (City and state or o			WHAT COUNT	
		. "	during most of workin Housewife	ng life, even if retired)	At Hon			unty, Mo.		U.S.A		
		13	a. FATHER'S NAME			HER'S MAIDEN NAME			AME OF HUSBAND			
			Fred Laswell Was DECEASED EVER	L R IN U.S. ARMED FORCES?		te Lozier	17. INFORMANT		F Patrik Co	——— ~ 111		
		'n	'es, no or unknown) (If	yes, give war or dates of			Frank Cai	n Jr. hoo		evelar	nd K.C.	, 1
			18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	tine to		~^^		<u> </u>		ERVAL BETW	EE
8	CUMEN		10010	IMMEDIATE CAUSE TO			- 111 .					ZI'
	1 1 1 1		1	IMMEDIATE CAUSE (#		· Olember	your	unde	nest	ne	u 100	7
コート	Ö			IWWEDIATE CAUSE (#	TIME	· Oeule	yeun	recul	next	ne	u 700	7
NSTEAL	DOC		which ga above of	ons, if any, DUE TO (I ave rise to cause (a),	7	<u>oeule</u>	geon	recule	negt	ne	<u> </u>	7
IINSTEAD	Dod		which gi above of stating t lying of	ons, if any, ave rise to cause (a), the under- ause last. DUE TO ((c)	aute	gwn	<u>eul</u>	negt	ne	<u> </u>	7
INSTEAL	DOG	TION	which gi above of stating t lying of	ons, if any, DUE TO (to ave rise to cause (a), the under-	(c)	RIBUTING TO DEAT	H but not related to	o the terminal			was female	da
INSTEAL	DOC	FICAT	which go above stating t lying co PART II.	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (continued to the continued	(c)CONDITIONS CONT in PART I (a)				there	es Dregnan	ncy in last 90) da
INSTEAL	DOG	CAT	which gi above of stating t lying of	ons, if any, ave rise to cause (a), the under- ouse last. DUE TO (I	(c)CONDITIONS CONT in PART I (a)		H but not related to		there	es Dregnan	ncy in last 90) da
INSTEAL		FICAT	which above a stating to lying a lying at PART II.	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (couse last.)	(c)		W INJURY OCCURRED		there	es Dregnan	ncy in last 90) da
INSTEAL	DOG	CAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO LINJURY OCCURRED WHILE AT WORK	ons, if any, ave rise to cause (a), the underduse last. DUE TO (I disease condition given 20a. ACCIDENT SUICID Month, Day, Year ED 20e. PLACE form.	(c)	206. DESCRIBE HOV	W INJURY OCCURRED), (Enter nature of	there	es Nor PART II	ncy in last 90	knov
	DOC	CAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO DE INJURY OCCURRE WHILE AT WORK NOF WHILE AT WORK NOF WHILE AT WE AMOUNT TO THE PERFORMENT OF WHILE AT WORK NOF WHILE WORK NOF WHILE AT WORK NOF WHILE AT WORK NOF WHILE WORK NOF WHIL	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (ause last.) OTHER SIGNIFICANT C disease condition given (ause last.) Month, Day, Year ED 20e. PLACE farm, WORK	(c)	206. DESCRIBE HOV	W INJURY OCCURRED), (Enter nature of	there Y. Injury in PART I	es Nor PART II	ncy in last 90	knov
READ	DOC	CAL CERTIFICAT	Injury Occurre White AT WORK NOT WHILE AT WORK AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY OCCURRE WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WHI	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (ause last.) OTHER SIGNIFICANT C disease condition given (ause last.) Month, Day, Year ED 20e. PLACE farm, WORK	(c)	in or about home, 2 ce bldg., etc.)	W INJURY OCCURRED	R LOCATION	country on 2 -	es e pregnan es	No United Its.	knov
READ	OQ	CAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO DE INJURY OCCURRE WHILE AT WORK NOF WHILE AT WORK NOF WHILE AT WE AMOUNT TO THE PERFORMENT OF WHILE AT WORK NOF WHILE WORK NOF WHILE AT WORK NOF WHILE AT WORK NOF WHILE WORK NOF WHIL	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (cause (a), the under-ause last. DUE TO (cause last.) OTHER SIGNIFICANT Codisease condition given (a) Month, Day, Year ED	(c) CONDITIONS CONT IN PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, office	in or about home, 2 ce bldg., etc.)	20f. CITY, TOWN, Of	R LOCATION	country on 2 -	es e pregnan es	STA) day
	OF DO	CAL CERTIFICAT	Injury Occurre White AT WORK NOT WHILE AT WORK AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY OCCURRE WHILE AT WORK NOT WHILE WHILE WORK NOT WHILE WHI	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (cause (a), the under-ause last. DUE TO (cause last.) OTHER SIGNIFICANT Codisease condition given (a) Month, Day, Year ED	CONDITIONS CONTINUED FOR INJURY (e.g., factory, street, office	in or about home, 2 bldg., etc.)	20f. CITY, TOWN, OF a date stated above, 22b. ADDRESS	R LOCATION	country on 2 -	es e pregnan es	No United Its.) day
SHOULD READ	OF DO	MEDICAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF Hour INJURY OCCURRE WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT	ons, if any, ave rise to cause (a), the under-ause last. DUE TO (cause (a), the under-ause last. DUE TO (cause last.) DUE TO (cause las	CONDITIONS CONTINUED HOMICIDE E OF INJURY (e.g., factory, street, office gree or title)	in or about home, 2 ce bldg., etc.) The on the contract of th	20f. CITY, TOWN, OF an edate stated above, 22b. ADDRESS	C LOCATION d last saw her alie and to the best of	COUNTY in PART I of the county of my knowledge, the county town, or county tow	es a pregnan es	STA) day
NO. SHOULD READ	OF DO	MEDICAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO CURRE OF HOUT INJURY OCCURRE WHILE AT WORK NOT WHILE AT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WOR	DUE TO (Example 10) ave rise to cause (a), the under-ause last. DUE TO (Example 10) OTHER SIGNIFICANT Codisease condition given (a) Month, Day, Year ED	CONDITIONS CONTINUED FOR INJURY (e.g., factory, street, office gree or title) 23c. NAME O White	in or about home, 2 ce bldg., etc.) The on the Chapel Cere	20f. CITY, TOWN, OF an edge stated above, 22b. ADDRESS MATORY metery	C LOCATION d last saw her alie and to the best of Glad.	COUNTY in PART I of the county	es a pregnan es	STA) day
SHOULD READ	OQ	MEDICAL CERTIFICAT	19. WAS AUTOPSY PERFORMED? YES NO CONTROL OF HOUT INJURY OCCURRE WHILE AT WORK NOT WHILE AT WHILE AT WORK NOT WHILE AT W	DUE TO (Example 10) ave rise to cause (a), the under-ause last. DUE TO (Example 10) OTHER SIGNIFICANT Codisease condition given (a) Month, Day, Year ED	CONDITIONS CONTINUED FOR INJURY (e.g., factory, street, office gree or title) 23c. NAME OF White DRESS	in or about home, 2 in or about home, 2 ce bldg., etc.} The on the control of Cemetery Or Cree Chapel Cor. 25. DATI	20f. CITY, TOWN, OF an edate stated above, 22b. ADDRESS	C LOCATION d last saw her alie and to the best of Glad.	COUNTY in PART I of the county of my knowledge, the county town, or county tow	es a pregnan es	STA	kno

MAR 16 1962.

STATEMENT BY LICENSED EMBALMER

1 here	eby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
	er my personal supervision.	and John Malshook
Student	Signature of Student Embalmer	Signed Signed Licensed Embalaner No. 4949
		P. O. Address D. Ausas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.